

**TOWN OF DAGSBORO
33134 MAIN STREET
P. O. BOX 420
DAGSBORO, DE 19939**

SIGN PERMIT APPLICATION

Name of Business: _____

Mailing Address: _____

Phone Number _____ **Fax #** _____

Physical Location of the Sign _____

Sign Contractor _____ **Phone #** _____

Town of Dagsboro Business License # _____

State of Delaware Business License # _____

Dimension and Height of Sign _____

Depiction of Sign - Attach to Application (2 Required)

\$50.00 Fee - Payable to: TOWN OF DAGSBORO

Code Enforcement Officer

APPROVED

Date

DISAPPROVED

Reason

